

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041337
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 99

FILED OCT 24 1962

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Houston</u>		c. CITY OR TOWN <u>Houston</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Texas Co. Memorial</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>A.</u> Last <u>Elmore</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>16</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-3-1888</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>13</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and state or country) <u>Houston Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>James Elmore</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harris Lakey Bell</u>		
14. NAME OF HUSBAND OR WIFE <u>Hilbert Elmore</u>			Address <u>Houston Mo</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u></u>		
17. INFORMANT <u>Hilbert Elmore</u>			Address <u>Houston Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS, RT</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 MONTH</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIO SCLEROSIS</u>		<u>?</u>
DUE TO (c) <u></u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHOPNEUMONIA ACUTE, DIFFUSE.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>5-4-62</u> to <u>10-16-62</u> and last saw him alive on <u>10-16-62</u>
21. I attended the deceased from <u>5-4-62</u> to <u>10-16-62</u> and last saw him alive on <u>10-16-62</u> Death occurred at <u>6:45</u> P. m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>H. F. Dwyer, Jr.</u>	(Degree or title)	22b. ADDRESS <u>Houston, Mo</u>
22c. DATE SIGNED <u>10-22-62</u>		

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-20-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ogark</u>	23d. LOCATION (City, town, or county) (State) <u>3 mi. S.E. of Houston, Mo</u>
24. FUNERAL DIRECTOR <u>L. J. Evans</u>	ADDRESS <u>Houston, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>10-22-62</u>	26. REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

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2961 22 100

VERIFIED BY THE BOARD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Levell C. Crumley

Licensed Embalmer No.

4766

P. O. Address

Wm. Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.